

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.J.	702205	1-4-99
O.I.P.E. CLASSIFIER	R.R.	70229	1/7/99
FORMALITY REVIEW	R.R.	70229	1/19/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date						
Final	Original	1/1/01	3/11/02	5/12/02	7/12/02	9/18/03	5/25/04
1	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓
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46	✓	✓	✓	✓	✓	✓	✓
47	✓	✓	✓	✓	✓	✓	✓
48	✓	✓	✓	✓	✓	✓	✓
49	✓	✓	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓	✓	✓

Claim	Date						
Final	Original						
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Claim	Date						
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE